

# EXHIBIT M

## ACCOUNT AGREEMENT

**Walden Savings Bank**  
**15 Scott's Corners Dr**  
**Montgomery, NY 12549**

Agreement Date: 01-05-2024 By: **Kimberley Beasley**

EXISTING Account - This agreement replaces previous agreement(s).  
**Account Description:** 5 Month CD

Checking  Savings  NOW  \_\_\_\_\_  
Initial Deposit \$ **400000** Source: **B&T**

## Ownership of Account - PERSONAL Purpose

Individual  \_\_\_\_\_  
 Joint - With Survivorship (*and not as tenants in common*)  
 Joint - No Survivorship (*as tenants in common*)  
 Convenience Account  
 Trust - Separate Agreement:  
 Revocable Trust Designation as Defined in this Agreement  
(Name and Address of Beneficiaries):

Account Number: **4569 / 5 Month CD**

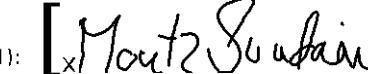
Account Owner(s) Name & Address  
**Moutz F. Soudani**  
**40 Bailey Rd**  
**Montgomery, NY 12549-2109**

## Additional Information:

**Signature(s).** The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

Terms & Conditions  Truth in Savings  Funds Availability  
 Electronic Fund Transfers  Privacy  Substitute Checks  
 Common Features

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1):  01/05/24 11:51  
**Moutz F. Soudani**  
I.D. # **081-42-4580** D.O.B. **04-01-1949**

(2): 

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(3): 

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(4): 

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 The below named person(s) are Convenience Signers only (not owners).



I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  


I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

## Ownership of Account - BUSINESS Purpose

Sole Proprietorship  Single-Member LLC  Partnership  
 LLC (*LLC tax classification:*  C Corp  S Corp  Partnership)  
 C Corporation  S Corporation  Non-Profit  
 \_\_\_\_\_

Business: \_\_\_\_\_

Backup Withholding Certifications (*Non- "U.S. Persons" - Use separate Form W-8*)

By signing at right, I, **Moutz F. Soudani**, certify under penalties of perjury that the statements made in this section are true.

TIN: **081-42-4580** The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) \_\_\_\_\_

**FATCA Code.** The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**U.S. Person.** I am a U.S. citizen or other U.S. person (as defined in the instructions).

